

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

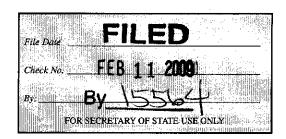
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

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1. Corporate ID No. 65685	2. Name of Corporation Contract Fusion, Inc.				
3. Street Address Principal Business Office 99 Massasoit Avenue			City East Providence	State RI	^{Zip} 02914
4. Business Phone No.		5. State of Incorporation			
401-438-1298 Rhode Isla			and		
6. Brief Description of the Character o	f Business Conducted in Rh	bode Island			
7 names and addresses	OF THE OFFICERS:	("X" BOX FOR ATTAC		S BEFORE USING ATT	ACHMENTS
President Name John S. Carter III			vice President Name None		
Street Address 99 Massasoit Avenue			Street Address		
City East Providence	State RI	^{Zip} 02914	City	State	Zip
Secretary Name			Treasurer Name		
Letitia Carter			John S. Carter III		
Street Address 99 Massasoit Avenue			Street Address 99 Massasoit Avenue		
East Providence	State RI MARKET STATE OF THE ST	2ip 02914	City East Providence		2ip 02914
	OF THE DIRECTORS	S: ("X" BOX FOR ATT	CHMENT) [FILL IN SPACE	ES BEFORE USING AT	TACHMENTS
Director Name John S. Carter III			Director Name John S. Carter, Jr.		
Street Address 99 Massasoit Avenue			Street Address 99 Massasoit Avenue		
East Providence	State RI	02914	City East Providence	RI RI	^{zip} 02914
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
S. SHARES AUTHORIZED			10, SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			100 \$.01 Par Va		01
This report must be executed	on behalf of the corpo	oration by an authorized	representative. If the cornora	tion is in the hands of a	receiver or trustee

this report must be executed on behalf of the corporation by the receiver or trustee.



including any accompany	ring schedules and statem	I have examined this report, tents, and that all statements
contained herein are true	and correct.	
	atrice 1	2-7-09
Signature (Date
John S. Car	cter III	
Print or Type Name Director/Pi	resident	
Title		